

TOWN OF DAVIE
6591 ORANGE DRIVE
Davie, Fl. 33314

For Office Use
Customer ID _____ Location ID _____

Deposit Amount _____

NAME: _____

SERVICE ADDRESS: _____ zip code _____

DATE OF CONNECTION: _____

Telephone (____) _____ - _____

SS# _____ - _____ - _____ Drivers License # _____

MAILING ADDRESS _____
(if different) _____ Zip Code _____

Check One

- Residential Tenant.....Date of Lease _____
- Residential Owner.....Closing Date _____
- Commercial..... Occupational License date _____ Occupation License # _____

Customer Signature _____

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